

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Jan 2, 2020 Case Number: 20-56

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Peggy Sorensen

Premise Name: Main Animal Hospital

Premise Address: 411 W. Main Street

City: Payson State: AZ Zip Code: 85541

Telephone: 928-474-9292

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

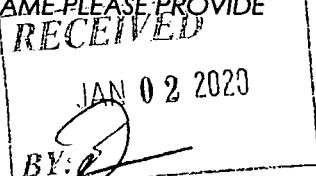
Name: Beth McQueen

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: Moses

Breed/Species: Mini Schauzer

Age: 14 Sex: Male, Neuter Color: grey

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Peggy Sorensen, 411 W. Main St. Payson AZ 85541 928-474-0000
Dr. Bjork, 1514 Palos Verde Mall Walnut Creek, CA 94591 925-938-8010

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Bob McQueen _____
(my father)

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Beth McQueen

Date: 12. 30 -19

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

I am filing complaint because I believe the euthanasia of my dog, Moses, was handled in an unnecessarily cruel & unprofessional manner. It caused suffering to Moses, myself & my dad that was NOT necessary. I don't want this to happen to others. I want Ms. Sorenson to change her procedure.

I had called ahead to ask about the procedure to ensure it would be carried out as I had previously experienced with my last dog several years ago. — An injection to basically put the dog into a state of sleep & then one to stop his heart without causing him distress. I was told yes, this was the process.

Upon arrival, Moses was weighed, we were taken to a room, and a tech gave him an injection (IM) & said it would take 7-8 min. for him to go to sleep.
1) I've never had a tech, not the dr. administer injection
2) Never IM, it's been IV 3) NEVER ~~7-8~~ minutes.
I immediately said to my dad. ~~He should go to sleep w/in~~
2-3 minutes. This is weird. Moses starts to pace & pant, not feeling well. I was trying to console him (Telling him it's okay, trying to cool him, petting him, speak in calming voice)

After several minutes, maybe 4, my dad went in hall & asked tech what was taking so long for Moses to relax & she rudely responded "I told you 7-8 ~~min~~ minutes. Talk to the dr. when she comes in!" In a couple minutes, dr. came in & we asked again. She said all dogs respond differently. He was lying down at this point, but still aware & tracking her as she moved about him. She checked to assure "proper dose" was given; said it was, but Rev 8.14.17 she'd give a couple more units. I questioned this since it was a painful injection. She said cool it

She gave injection of additional units & he cried out. So DID I! Completely unnecessary pain to my dog. Trauma for me.

Then she started to shave back leg for final injection. (She reached for leg that was painful & failing him!) Had she even looked at his chart?! I stopped her & she switched to front. Administered there & his heart stopped but she continued & did more in back leg. I even said "you don't need to do that. It's gone." Good grief.

I called my vet in CA. It had been heart breaking, but peaceful there.

He used a combination of I.V.
torbugesic &
acepromazine

Sorensen used telazole

She needs to change her process. Please counsel her to a more humane process. I must forever remember my last minutes with my precious little guy as traumatic & not peaceful.

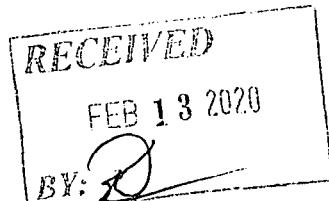
Thank you,
Beth McQueen

Regarding 20-56

I have seen Moses three times since March 2019. While I understand that the visit in question was in December 2019, I felt like you may need a synopsis of his care.

1. As a new client on 3/11/19 when I diagnosed Periodontal disease ¾ and pain in left side of mouth. We started antibiotics, Maxigard spray for dental and gum support and send out bloodwork. Bloodwork was normal and HWT was negative.
2. On 4-17-19 for a dental and 8 teeth and epulis were extracted and Clindacare (tetracycline depot into mildly recessed teeth) placed in lower 401, 405. We called on 4-19 to touch base on him from surgery.
3. December 17th, Moses owner came in for Euthanasia. (Owner had prepaid but not set up and appointment.) I was in another room with a cat with difficulty breathing. Julie popped in and asked for amount of Telazol needed for 24 lb dog. I answered (0.48ml/ 48 mg) and she left the room. While I was still in that room, I heard some raised voices in the hallway. I tried to finish up my exam and notes and came into the back. I left notes for a quote including chest radiographs for the cat client, was briefed on the situation (Owner had complained that the pet wasn't sedated yet-4 minutes after injection was given.)

I walked into the room with Moses at 330 pm, Beth and her father to see that Moses was laterally recumbent with Beth leaning over him crying loudly and seemed distraught. While Moses was calm, his eyes were alert and not very sedated. The owner was upset that it had been longer than 3 minutes and Moses wasn't sleeping. I reminded them that it was a dissociative drug and only puts them in a twilight and that they can still stay alert based on their status and any noise around them. I left to get more Telazol and noted that he was given the amount realistic for his weight and I drew up 0.2 ml more. I returned to the room and tried to speak soothingly and alerted Beth that this injection was slightly painful and I gave it into the right epaxial. He did yip briefly even though I tried to rub area while injecting. I stayed in room and tried to sooth owners and allow Moses time to become more sedate.



After a few minutes, I was going to give the Euthasol in right lateral Saphenous (to allow owners to see Moses and try to stay in background) and owner stopped me as it was a painful area. (I saw no notes about this being a painful area in any of the record) switched to the right front cephalic vein, I talked soothingly to Moses and his owners while using the Euthasol. I gave 3.5 ml intravenously thru a butterfly catheter. This dose was based on weight 24 lbs (2mls for first 10 lbs then 1 cc/10 lbs additional) I listened to him to assure he had passed and apologized for the fact that it was not as smooth as we prefer and I made a footprint and nose print and gave owners a hug while allowing them to know that he was peaceful and that we would treat him with respect and prepare him for storage but would allow them time to be with him. I prefer not to take their pet away from them but let them leave first, mostly for last memories. Obviously in this case, the owners perceived a poor experience on this day. I was unavailable to give the intramuscular injection for Moses as we fit them in and I was in a medical case. I trust my staff to minimize the owners' wait and they check with me on the amount to give of the Telazol. It has made more clients comfortable while they are waiting in the room. My staff also explains the protocol and what to expect from this sedation.

I have used this euthanasia protocol since I started in Payson in 2011 and even when I was a relief veterinarian from 2005-2010 and have NEVER had an owner complaint about it. Our Clients seem to prefer them in a Twilight prior to the euthasol injection. I don't automatically set an IV catheter as owners seem to prefer their pet to stay with them. I use a butterfly catheter and generally use a rear leg in order to allow the owner to spend their last minutes with their pet, and when sedated, proceed to the euthasol injection.

We always explain the procedure to the owner prior to any drug being administered. Some pets do respond to the Telazol fairly quickly (usually pets with severe health issues), some even within 3- 5 minutes. However, that is not always the case. We set a time for 5 minutes to check to see how they are doing and very rarely do they need more sedation. I always explain that Euthasol affects the brain (medullary respiratory and vasomotor centers) and that I will check for any heart rate afterwards. I

also am in the habit to trim hair around a rear paw so that we can get a nice footprint for them.

I understand that these last memories of a pet stay with a person and I do everything in my power to make that as smooth as I can. I believe that their veterinarian in California uses a different protocol which may be the breakdown of communication. I heard secondhand from owner that they give Butorphanol and Ace Intravenously. I haven't used that protocol in many years as the Ace causes more cardiac depression and the Telazol seems more smooth. When I have an IV catheter in place, that injection may seem to be more prudent but I am not sure why an injection is given intravenously just prior to the Euthasol.

On 12/19/19, Beth McQueen called and spoke to Heidi, my office manager letting us know that she was filing a board complaint as she felt that the euthanasia was handled poorly. I spoke with Beth later that evening at 615 pm (we close at 5 pm) and apologized again for any bad experience, that some animals respond differently with medications, especially with profound stimulation. I explained how the drug worked as the Owner was insistent that Moses should have immediately been sedated. She was insistent that I should have known how he would respond to the medication as I had done a dental on him several months before. I explained that ketamine/valium have a shorter half-life than Telazol and that his medication was calculated for him. I read her the literature about the timing of Telazol injection at an average of 7.5 minutes. While their expectation was in accurate and it was explained to her and her father twice, it was within a normal amount of time. I offered to give her the Veterinary board number but she retorted that she already had it. She had been talking to everyone and no one thought this was a normal procedure. She deteriorated into rude comments about how we didn't do it the way her vet in CA did it and we made him suffer. I again reminded her that we didn't want Moses or his family to be in stressed or have a poor experience especially at a time like this. I finished the call with her by 645pm.

I am not sure how we could have handled it better as she seemed insistent on finding fault. While they prepaid for a euthanasia, they had not set up an appointment time but walked in on a busy Tuesday. We

rearranged to accommodate them as we were double booked but felt it was important that we find the time for them as the end of a pet's life can't always be put off.

Sincerely,
Margaret (Peggy) Sorensen, DVM

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Cameron Dow, DVM
Carolyn Ratajack
Christina Tran, DVM - **Absent**
Jarrod Butler, DVM - **Absent**
Steven Seiler - **Absent**

STAFF MEMBERS PRESENT: Tracy A. Riendeau, CVT
Mary Williams, Assistant Attorney General

RE: Case: 20-56

Complainant(s): Beth McQueen

Respondent(s): Margaret Sorensen, D.V.M. (License: 3278)

SUMMARY:

Complaint Received at Board Office: 1/2/20

Committee Discussion: 6/2/20

Board IIR: 7/15/20

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

On December 17, 2019, "Moses," a 14-year-old male Miniature Schnauzer was presented to Respondent for euthanasia. The dog was sedated with Telazol IM. The dog was not as sedate as Complainant had hoped therefore additional Telazol was administered; the dog vocalized when the additional medication was given.

A short time later, Respondent administered the dog Euthasol through a butterfly catheter and the dog passed away.

Complainant was noticed and appeared telephonically.

Respondent was noticed and was not available.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Beth McQueen
- Respondent(s) narrative/medical record: Margaret Sorensen, DVM
- Witness(es) Statement: Bob McQueen
-

PROPOSED 'FINDINGS of FACT':

1. On December 12, 2019, Complainant's father visited Respondent's premises and pre-paid for the dog's euthanasia procedure. He was unsure when they were going to bring the dog in and would call to schedule an appointment when decided.
2. On December 17, 2019, the dog was presented, as a walk-in, to be euthanized. Complainant, her father, and the dog, were worked into the schedule and placed in an exam room by technical staff member, Ms. Stevens. Ms. Stevens explained the euthanasia process to them and advised that an IM injection of Telazol would be administered to the dog for sedation prior to the euthanasia procedure. The sedative would take approximately 7 – 10 minutes to take effect. Ms. Stevens excused herself from the room to get the sedative.
3. Ms. Stevens interrupted Respondent while she was in another room seeing a patient to ask how much Telazol should be administered to the dog based on his weight of 24 pounds. Respondent advised Ms. Stevens to give the dog 0.48mLs (48mgs) IM; the Telazol was administered to the dog by Ms. Stevens, she left the room and set a timer for 7 minutes.
4. According to staff member, Ms. Wolf, approximately 4 minutes later after the Telazol was administered, Complainant's father exited the exam room to report the dog was not sleeping yet. Ms. Stevens walked over and advised Mr. McQueen that the medications needed more time to take effect however she would speak with Respondent to see if additional Telazol could be given. At this time, Complainant interjected that the premises was unprofessional and cruel.
5. Respondent entered the exam room; the dog was laterally recumbent and Complainant was distraught and crying loudly. The dog was not very sedated therefore Respondent stepped out of the room to get an additional 0.2mLs of Telazol. Respondent warned Complainant that the injection was slightly painful and when Respondent administered the additional Telazol, the dog vocalized. She stayed in the exam room while the dog became more sedate.
6. After a few minutes, Respondent was going to administer the Euthasol in the right lateral saphenous vein when Complainant stopped her and explained that the dog was painful in that limb. Respondent did not see any notes in the medical record reflecting the limb had issues or pain. She switched to the right cephalic vein and administered 3.5mLs of Euthasol through a butterfly catheter. Respondent ausculted the dog to ensure he had passed; she apologized for the process not going as smooth as they prefer, and made a foot and nose print for Complainant.
7. According to Complainant, Respondent advised that the additional Telazol would not be painful to the dog – the dog yelped upon administration. She continued, after Respondent injected the euthanasia solution in the front leg, she gave more in the back leg – Complainant stated that the dog was gone and she did not need to do that. Complainant consulted her previous veterinarian in California and was advised that he used a combination of torbugesic and acepromazine IV, which Complainant felt was superior to the Telazol Respondent had used in her process. She was concerned that Respondent's process was not peaceful and should be changed.

COMMITTEE DISCUSSION:

The Committee discussed that Complainant had a preconceived notion of what was going to occur with the euthanasia procedure. It would have been nice to have seen better communication with respect to Respondent, and Respondent's staff, advising Complainant on what to expect.

Complainant had a different experience with a different dog and a different veterinarian who used different medications to sedate the animal prior to euthanasia. The dosage of sedation was appropriate for the dog, but since the dog did not respond as expected, Complainant assumed Respondent or her staff did something wrong.

The Committee sympathized with Complainant however felt the matter was handled appropriately.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

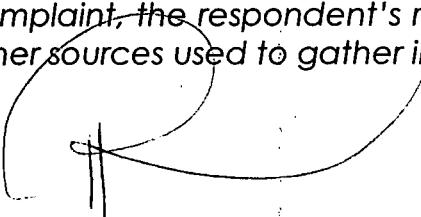
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 3 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division